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ABSTRACT

In addition to reporting on the technology of needs assessment and evaluation, these guidelines examine the context in which certain technologies should be employed, the opportunities/limitations of different methodologies, and the rationale for assessing needs and evaluating. The guidelines, intended for personnel at various levels and different stages of program development, are aimed at improving current practices and assisting in the establishment of new program practices. The first of six sections deals with the current state of the art--how needs assessment and evaluation are currently being done. The second section analyzes a series of issues as well as enabling and inhibiting factors in the mental health field and their relationship to continuing education. In the third section the report develops operational definitions for the terms needs assessment and evaluation for continuing education in mental health and describes the consequences of lack of definition. Section 4 discusses and analyzes a series of models for needs assessment and evaluation for continuing education in mental health and their use in various settings. The fifth section suggests strategies for conducting evaluations. The final section presents recommendations for needs assessment and evaluation. (Documents on the following aspects of continuing education in mental health are also available: state level programs for preparing and using mental health manpower in state agencies [CE 019 192], sanctioning and credentialing [CE 019 195], and financing [CE 019 196].) (CSS)

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ED164910

NEEDS, ASSESSMENT, AND EVALUATION

CONTINUING EDUCATION IN MENTAL HEALTH

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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Southern Regional Education Board
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1978

CE 019 197

FOREWORD

In late 1975 the Mental Health Program of the Southern Regional Education Board received a grant (No. 1-T15-MH14098) from the Continuing Education Branch of the National Institute of Mental Health to strengthen continuing education in mental health throughout the 14 states of the SREB region. The project conducted a survey of continuing education activities then underway in the mental health professional schools, societies and agencies, both state and community, to ascertain the needs and problems which are being encountered. Responses showed that areas of major concern were: needs assessment; evaluation; funding; gaining sanction; credentialing; relations of professional schools, societies and agencies; and continuing education for paraprofessionals and community caregivers.

The principal method of investigation in this project has been the utilization of task forces of knowledgeable persons to explore these issues in detail and to prepare guidelines which might be of use to those presently responsible for mental health continuing education's programs or those who will assume positions where they will develop such programs.

We are grateful to the National Institute of Mental Health for the support of this project and to the members of the task force who helped develop these guidelines on "Needs Assessment and Evaluation." A special acknowledgment goes to Dr. Robert Roberts, Director Research and Training, Florida Department of Health and Rehabilitative Services, whose original contributions will be included in his later publications. Dr. Don Cordes, Associate Director, Continuing Education at Virginia Commonwealth University at the time he was on the Task Force, has also made a major contribution as chairman.

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Health in the South

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INTRODUCTION

Within the last five years, changes in the directions of mental health and mental retardation programs have given rise to new and different needs in continuing education in these fields. Institutional programs are being de-emphasized and community programs are expanding. Departments of nursing, psychiatry, social work and psychology are being replaced by geographic and problem-oriented units. New kinds of community programs--group homes, half-way houses, hot lines and the like--are proliferating.

Current legislation and class action suits are resulting in requirements for more adequate treatment, education and rehabilitation of released patients. There are strong pressures from federal and state governments for accountability, peer review and utilization review. Just to keep current demands more continuing education in the administrative and procedural aspects of mental health programming. Another need, the development of techniques for using interdisciplinary continuing education as a management tool, will help implement new program directions and sharpen the effectiveness of program operations.

A first step in arriving at guidelines for the implementation of effective mental health programming is a consideration of "Needs Assessment and Evaluation." These words along with "Accountability" have become a part of the language of all the behavioral sciences. They are now a "must" in all planning and implementation.

Aside from the present acceptance of the concept that needs assessment and evaluation are essential in any mental health program endeavor, the growing emphasis on standards, credentialing, and accountability require clarification of the how, when and why of the assessment of need and evaluation of outcomes in mental health continuing education. It is clear that to obtain administrative and financial support for continuing education, programs must present evidence of effectiveness. Current public policy requires accountability in nearly all human service programs, and survival depends upon a competent analysis of requirements and evaluation of results.

Continuing education programs dealing with the administrative and programming aspects of mental health services are on the increase in the South. They have sprung up both from consumer demand and as a result of the value judgments of those planning the content. Programs may have been planned on the basis of a fairly adequate needs assessment or on a purely whimsical basis. The Task Force has looked at the questions concerning needs assessment and evaluation in mental health continuing education in the South, has examined evidence of effectiveness or ineffectiveness of existing types of programs and has recommended guidelines for the use of those initiating projects or those reassessing existing plans.

This report will not be concerned with the technology of needs assessment and evaluation only, as there are established sources for securing training and information in this phase of the subject. The guidelines will, however, examine such factors as the context in which certain technologies should be employed, the opportunitites and limitations of different methodologies and the

rationale for assessing needs and evaluating. Recommendations are aimed at the improvement of current practices and assistance in the establishment of sound procedures in new programs and are intended for personnel at various levels and at different stages of program development.

DEFINITIONS OF TERMS

While the terms needs assessment and evaluation are deeply embedded in the current educational jargon, much confusion still exists regarding their meaning and application. This report is concerned with a comprehensive discussion of needs assessment and evaluation applied to continuing education in mental health.

The definition of continuing education for this report is one generated by the Southern Regional Education Board earlier in this project. That definition is: "Continuing education is a system of learning experiences aimed at improving, modifying or updating one's knowledge, skills or values in areas of professional or occupational practice."

There is frequent debate as to whether or not staff development and continuing education are separate, distinct entities. While there are distinct characteristics differentiating the two in the area of continuing education for professional practitioners, for the purposes of this document an institution or agency can treat them the same in regard to needs assessment and evaluation. It is important to note, however, that, depending on the intent of the educational activities and the target audience involved, very different strategies and models will achieve maximum impact. These differences are explored in sections four and five of this report.

ASPECTS OF NEEDS ASSESSMENT AND EVALUATION TO BE COVERED

These guidelines deal with five distinct areas. The first area is an analysis of the current state of the art -- how needs assessment and evaluation are currently being done. The second area analyzes a series of issues as well as enabling and inhibiting factors in the mental health field and their relationship to continuing education. Third, the report develops operational definitions for the terms needs assessment and evaluation for continuing education in mental health and describes the consequences of lack of definition. The fourth area discusses and analyzes a series of models for needs assessment and evaluation for continuing education in mental health and their use in various settings. The fifth and final area deals with strategies of conducting evaluation.

STATE OF THE ART

PURPOSE OF CONTINUING EDUCATION

The ultimate purpose of continuing education in mental health is to assure that mental illness and mental retardation services are suffcient, both in quality and quantity, to meet the total needs of the population being served. Thus, continuing education must be client- or patient-centered if it is to achieve maximum impact. It is, therefore, implied that to be effective, patient-centered continuing education must begin with patient-centered needs assessment and conclude with patient-centered evaluation.

ROLE OF CONTINUING EDUCATION

The extent to which a continuing education program can achieve this purpose depends upon its role within the institution or agency. If continuing education is closely integrated with the organizational purpose, it must by definition relate directly to patient or client services. To have an effect on patient or client services, agency-based continuing education must participate in the agency's overall patient- or client-centered needs assessment and evaluation activities. If on the other hand, continuing education within the agency, institution, or organization is perceived as a mechanism to deliver exotic new information in mental health, rather than as a tool to provide appropriate client services, a far less demanding needs assessment and evaluation tool may be used. In this case, needs assessment may consist of asking

those persons attending the program whether or not the information provided was on target with their perceived needs.

It appears, however, that in agency practice, continuing education must be related to the delivery of services to clients. There are increasing demands by society for accountability in patient or client services as well as in education. Therefore, the continuing educators must be able to relate their activities directly to patient or client services and must be able to demonstrate and document high quality patient services as a result of those activities.

CURRENT ACTIVITIES

A recent survey by the Southern Regional Education Board (April, 1976) illustrates these shifting priorities. The survey was completed by some 64 agencies, societies, and institutions who provide continuing education in mental health in the Southeastern United States. Results of the survey indicate that an attempt is nearly always made to determine what consumers think they want, while there is little actual measurement of services delivered. In terms of evaluation, nearly everyone evaluates trainee satisfaction by asking the trainees whether they thought the program was successful in meeting their needs. A significantly lesser number evaluate changes in learning. An even smaller number evaluate changes in job behavior, and almost none evaluate the impact on client services. The inconsistency between what most mental health professionals hold as an ideal and what actually takes place in needs assessment and evaluation is evident.

FACTORS AFFECTING MENTAL HEALTH CONTINUING EDUCATION

Neither mental health services nor continuing education in mental health exist or function in a vacuum; they both function in an environment which significantly affects the success of their endeavors. To be an effective continuing educator in mental health, one must understand the environment in which mental health services are provided. This section deals with issues in mental health which have the potential for affecting continuing education, including how one performs needs assessment and evaluation.

PHILOSOPHICAL CONFLICTS

There are a series of philosophical conflicts within the mental health system which must be dealt with by mental health professionals in institutions, agencies, and organizations before continuing education can be carried out successfully. An example of such a conflict is whether an institution should provide quality custodial care for its long-term patients or whether a vigorous community support strategy should be employed to get the patients back into the community as soon as possible. Another conflict exists regarding which is the appropriate treatment model to use in any particular setting: a medical model, a social model, a behavioral model or an educational model of mental health activities. A third philosophical conflict concerns how mental health should be involved in primary, secondary, and tertiary prevention and how such involvements should be programmed.

If an institution, organization, or agency does not clearly specify where it stands on these and other philosophical issues, it is difficult to develop successful continuing education. It then becomes necessary for continuing educators to determine in some systematic fashion the philosophies and goals of their particular institutions.

POTENTIAL CONSUMERS

Different groups have different kinds of continuing education needs. The term "consumer" has different uses as it relates to mental health. Primarily the consumer is the traditional client or patient, the user of mental health services. Continuing education for the client or family might be thought of as consumer education. In another sense the consumers of continuing education are the traditional providers of mental health services. "Providers" may be thought of as all those mental health professionals and paraprofessionals who provide mental health services to clients. Workshops or seminars are the most common forms of mental health continuing education for providers.

Continuing educators, too, have continuing education needs in mental health. Their needs center around new educational techniques, tools, and methodologies to facilitate learning among the providers and clients. For this group, continuing education has most often consisted of experiential learning activities in the processes and techniques of adult learning.

A fourth group with continuing education needs may be described as the "community caregivers." These include policemen, school teachers, and other professionals in the community who deal with mental health problems, but are

not generally thought of as mental health professionals. Their continuing education needs obviously relate to their specific professions and the situations in which they interact with clients having mental health problems.

Each of these various groups must be involved in needs assessment and evaluation processes related to their own continuing education. Furthermore, within agencies there are many levels of personnel, and all must be reached with continuing education to improve quality of service delivery.

INFLUENCES ON CONTINUING EDUCATION IN MENTAL HEALTH

Within mental health agencies, there are several factors which may affect the success of continuing education needs assessment and evaluation activities. These factors have the potential of being either inhibitors or enablers. Following are a series of factors which can influence continuing education needs assessment and evaluation in all institutions and organizations providing mental health services.

Relicensure and Certification

An important issue to be considered is the increasingly common requirement of continuing education for relicensure and recertification of mental health professionals. Continuing educators must be aware of the specific requirements for recertification, relicensure or renewal of professional society membership for the mental health professions they serve and, whenever possible, must provide appropriate educational experiences. It is important to note, however, that merely having all of the mental health professionals in the agency or institution certified or licensed does not necessarily guarantee high quality mental health services.

Personnel System Requirements

The personnel system affects mental health delivery of services and, therefore, mental health continuing education needs assessment and evaluation. Often the role which an individual may be asked to play within an institution is defined more in terms of a generic job description developed by the state personnel office than by specific functions. This may seriously affect how one goes about performing needs assessment and evaluation for continuing education of the agency as a whole.

Reimbursement Requirements

Personnel systems may also facilitate continuing education by requiring employee participation to be eligible for promotions or pay raises. Another influence is the reimbursement system for third party payments. In building staffing patterns for mental health services, it is necessary to realize that what may seem optimal in the eyes of the mental health agency planner may conflict with what third party payers will allow in such a situation. In such a case, inappropriate third party payment patterns inhibit appropriate continuing education.

Professional "Turf"

Another factor common to all agencies, institutions, and organizations may be described as "turf struggles" between professions and units. It is essential that continuing educators understand the basis for these turf struggles within the agency or institution and work with them to the best advantage of the program. Sometimes these struggles result from a "blurring of roles," and continuing education programs can be designed to meet the needs of all professions rather than just one or two.

Continuity of Continuing Education

Continuity of the continuing education activities affects the potential success of needs assessment and evaluation. All too often, a department of continuing education sponsors a number of continuing education activities which have little relationship to each other resulting in a sporadic, disjointed series of learning experiences. Continuing educators then must change from random, one-shot programs to an ongoing series of interrelated learning activities produced in a systematic sequence. This also implies that continuing education is an integral part of the agency's program and manpower development effort.

Standards Requiring Continuing Education

Mental health continuing education is facilitated by the standards of various regulatory agencies which accredit health care delivery facilities and programs. The Joint Commission on the Accreditation of Hospitals (JCAH) requires evidence of continuing education for staff within an institution or agency.

Also, the Professional Standards Review Organizations (PSROs) require patient care evaluations. These evaluations may be an excellent place to begin needs assessment. Understanding and relating to the roles of these agencies will greatly facilitate the task of a mental health continuing educator.

Community Expectations

Another factor influencing continuing education is the lay public's image of mental health services and its professionals. The continuing educator must become aware of the community expectations within which the agency,

institution or organization exists. This implies that the continuing educator has access to and is involved in comprehensive community assessment and analysis. It may also indicate a need to provide mental health continuing education to the lay public residing in the community to improve understanding of the mental health services.

Funding for Continuing Education

Funding is a major influence in mental health continuing education. Within each agency continuing education must be provided a sufficient funding priority so that the program does not have to "sell" its offerings on the basis of popular appeal rather than true need. A coalition of staff mental health professionals might be helpful in establishing a high priority for funding continuing education within the agency.

Expertise of the Continuing Educator

An enabling factor in continuing education needs assessment and evaluation is likely to be found in the expertise of the continuing educator. Too often mental health professionals without appropriate training are thrust into the role of continuing educator. It is essential that continuing educators recognize their deficiencies and develop ways to alleviate those deficiencies.

While all these issues and factors do not affect all institutions all the time, the degree to which continuing educators recognize and deal with them will bear directly upon their effectiveness. The foregoing examples of influences illustrate factors affecting the whole of mental health continuing education as well as the needs assessment and evaluation portions. They are areas to which continuing educators should be ever alert in developing programs.

CONCEPTS

Needs assessment and evaluation very often involve the same methodologies, but at different times and for different purposes. In needs assessment, judgments are made to determine educational or other activities necessary to assure optimal service delivery. In evaluation, effects are examined as a result of a particular planned activity. It is important to understand how needs assessment and evaluation interrelate in order to deicde what types of tools to employ. Ideally, needs assessment and evaluation tools are compatible with one another. It would be inappropriate, for example, to determine "needs" via a paper and pencil test, then to evaluate for effectiveness by examining patient records. One would have no way of knowing whether any real change had occurred.

Often a needs assessment will uncover deficiencies which do not relate to mental health content or process but, rather, result from breakdowns in logistic or communication mechanisms. These deficiencies cannot be corrected with an education program, because lack of knowledge is not the real problem. In such instances, a mechanism must be employed to bring these deficiencies to the attention of the appropriate agency administrators so that they can be alleviated. If the mechanism does not currently exist in the agency or institution, it is the responsibility of the continuing educator to alert the appropriate authorities and to help develop a mechanism for use in these situations.

To define needs assessment, a series of concepts must be dealt with. Needs assessment is a process. It must be systematic, and it must involve the people whose needs are being assessed. It is not something that is done to someone, rather it is something that a continuing educator does with someone. The process should also be objective and quantifiable. This implies that there is data collection and construction of an appropriate data base. The needs assessment must also be comprehensive, dealing with both the present and the future. Following is a definition of needs assessment which attempts to embody these concepts.

> Needs assessment is a systematic, comprehensive, objective, and quantifiable process directly involving those whose needs are being assessed for the purpose of planning and implementing activities necessary to insure the delivery of optimal mental health services.

As with needs assessment, there are concepts which must be embodied in a definition of evaluation in mental health. Evaluation, too, is a process. It entails setting a standard (which might be called defining a desired state) and comparing that standard to actual performance. Also involved is analyzing or making a value judgment as to whether or not the performance is sufficiently like the desired state. To be effective, these processes must be comprehensive (that is, they must measure both intended and unintended outcomes), and they must be adaptable (that is, able to function in the particular settings in which the learning activities are carried out). The following definition embodies the above concepts:

> Evaluation in mental health continuing education is an analytic, comprehensive, valid, reliable, and adaptable process utilized to determine the extent to which a

particular learning experience or set of experiences has produced a desired outcome.

Similar processes are involved in both needs assessment and evaluation. Subjective judgments should be kept to a minimum and reliance placed on objective data, whether the needs assessment or evaluation is simple or complex.

STRATEGIES FOR CONDUCTING NEEDS ASSESSMENT

Needs assessment has been defined as a systematic, comprehensive, objective and quantifiable process involving those whose needs are being assessed. This section will describe how to conduct such a needs assessment and give illustrative models.

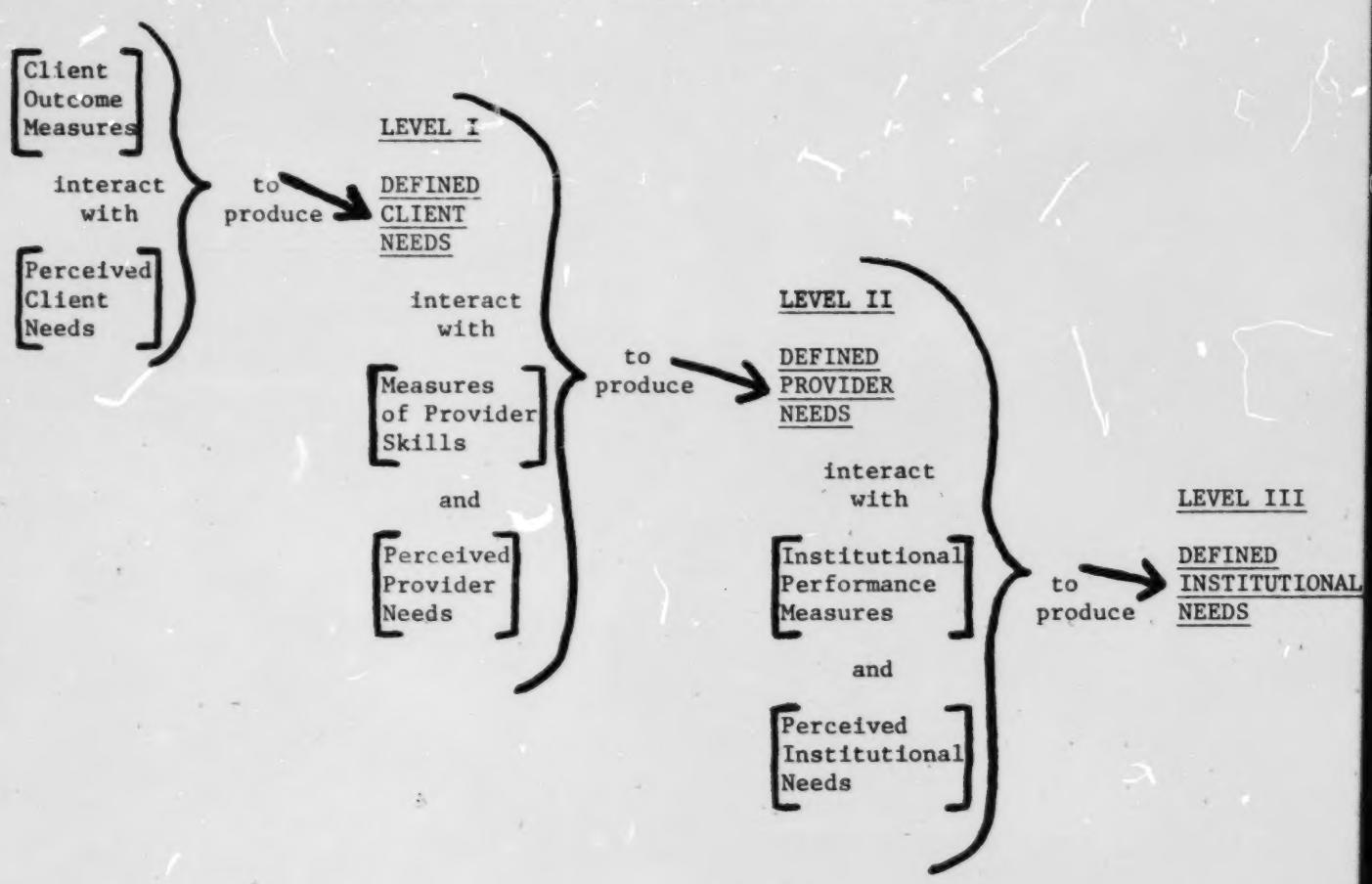
The choice of a model for needs assessment and evaluation depends on the size of the agency or institution, program goals, the nature of the organization, the portion of the program evaluated, personnel and their expertise, funds available, and other factors.

A basic framework for conducting needs assessment in mental health continuing education is given in Figure 1. Needs exist at three levels: client needs for services, provider needs for professional education and training, and institutional* needs for service delivery. Two general points need to be made. First, the scheme is consistent with the premise that the most effective continuing education activity is built upon a client-centered needs assessment. Second, two major sources of needs assessment data exist at each level--objective measures, such as demographic, survey, and treatment statistics; and perceived needs, possibly resulting from legislative mandates or peer pressures. These two sources of data interact, and no needs assessment is complete unless both are taken into account.

*Institutional will be utilized throughout this discussion and can be taken to mean agency or organizational as well.

FIGURE 1

A Needs Assessment Model for Mental Health Continuing Education



A needs assessment profile for clients draws upon such indices as incidence and prevalence data, treatment utilization statistics, and various socio-economic indicators, along with perceived needs in the form of laws and regulations, professional opinion, and other data. These two major sources together define the scope or extent of client needs.

Provider needs, in turn, are defined, first, by objective measures of identified discrepancies between the services required by clients and the professional services provided by staff, and second, by perceived needs in the form of personal priorities, institutional demands for continuing education and the lack.

Finally, institutional needs for service delivery are of two types: needs for professional skills training as identified at Level II, and more general indices of organizational effectiveness--staff satisfaction, turnover rates, organizational communication patterns, and so forth. This last category suggests that the scope of the continuing education practitioner may well extend beyond the traditional arenas of service delivery.

This model is designed to provide a conceptual framework and demonstrate how the various sources of data interact to produce a final comprehensive needs assessment for an institution or agency. It also demonstrates that there are three distinct sources from which to gather data relating to continuing education needs in mental health.

DEFINING CLIENT NEEDS

The first data source is the individual clients which, in the collective

form, are the community as a whole. To operate a successful continuing education program it is highly desirable to have an objective data base. The data base for the community consists in part of demographic and socio-cultural characteristics of the area to be served. This information can be obtained for a nominal fee from the Bureau of the Census, U.S. Department of Commerce. It also consists of epidemiological data available from the Office of Biometry of the National Institute of Mental Health (NIMH) and vital statistics (births, deaths, incidence and prevalence of disease, divorce, illegitimacy, etc.) available for the community to be served. This data can be obtained from community inventories. Associated types of data are utilization and referral patterns. Both of these can be obtained from agency or clinic records in the target area.

Objective data concerning individual clients can be obtained by performing a Service Delivery Analysis. This requires the continuing educator to examine the service delivery for specific categories of clients and then compare the actual client outcomes to the pre-set definitions.

Subjective data, referred to as perceived client needs in Figure 1, are also essential in determining client needs. An important source of this type of data is public opinion. This can be assessed by conducting polls and surveys as well as by analyzing media coverage of mental health. Another source is recent or pending legislation or court actions relating to mental health. Important, and often neglected, are sources of data regarding community attitudes and values toward mental health. This data can be collected by employing attitude scales or value inventories as well as group process techniques, such as the Delphi/Delbecq.

DEFINING PROVIDER NEEDS

Numerous data sources are available to help assess the objective needs of providers relating to service delivery and professional and career advancement. The first, and most commonly used, method is the knowledge test. In its simplest form it consists of true-false, multiple choice or short answer questions. In newer and more sophisticated circles, it consists of client-management problems or written simulations. Some professions have self-assessment examinations of this kind. Another important method is the psychomotor skill test which assesses physical skills. A third and increasingly popular and meaningful method is the analysis of the quality of client care. This can be accomplished by becoming involved in local PSRO activities as well as by examining the degree of adherence to external standards, such as those of the Joint Commission of the Accreditation of Hospitals and the Social Security Administration.

Data on the career needs of providers can be gathered by examining credentialing and relicensure data generated for mental health professionals serving the institution. The various professional groups may be consulted to identify new knowledge and technology which should be included in continuing education programs. Another method of assessing provider's career needs is analysis of the merit system requirements and potential career ladders within the agency. Mental health providers should have the opportunity to move into more challenging positions, and continuing education provides one mechanism for persons to learn new skills to ascend the ladders. A final, and widely used method of gathering data is the procuring of felt or perceived areas of concern or deficiency from the providers themselves. This can be done in small

group process sessions employing a Delphi or Delbecq technique or with questionnaires or other instruments.

DEFINING INSTITUTIONAL NEEDS

Data helpful in determining institutional continuing education needs comes from a variety of sources. External data may come in the form of direct legislative mandates, specific consumer pressure, accreditation requirements or union demands. Each of these is readily available to the continuing educator and should be utilized.

Internal sources of data are inhouse political pressures, alterations of the goals or purposes of the institution, changes in staff numbers or composition, changes in employee expectations, and problem areas perceived by the supervisory and administrative staff. The data can be acquired by the continuing educator through consultation with the supervisors and administrators of the agency.

Two other sources of data are professional literature reports on the development of new service delivery techniques and the perceptions of continuing educators themselves. Ultimately it is the persons in charge of continuing education who must synthesize and pull together the various data into a meaningful whole. Because these persons are privy to such an extensive array of data, their judgment is an important consideration (see Figure 2).

SYNTHESIS OF DATA

Once data has been gathered from each of the three sources, it must be synthesized, analyzed, and put into a useful form. Figure 2 demonstrates the

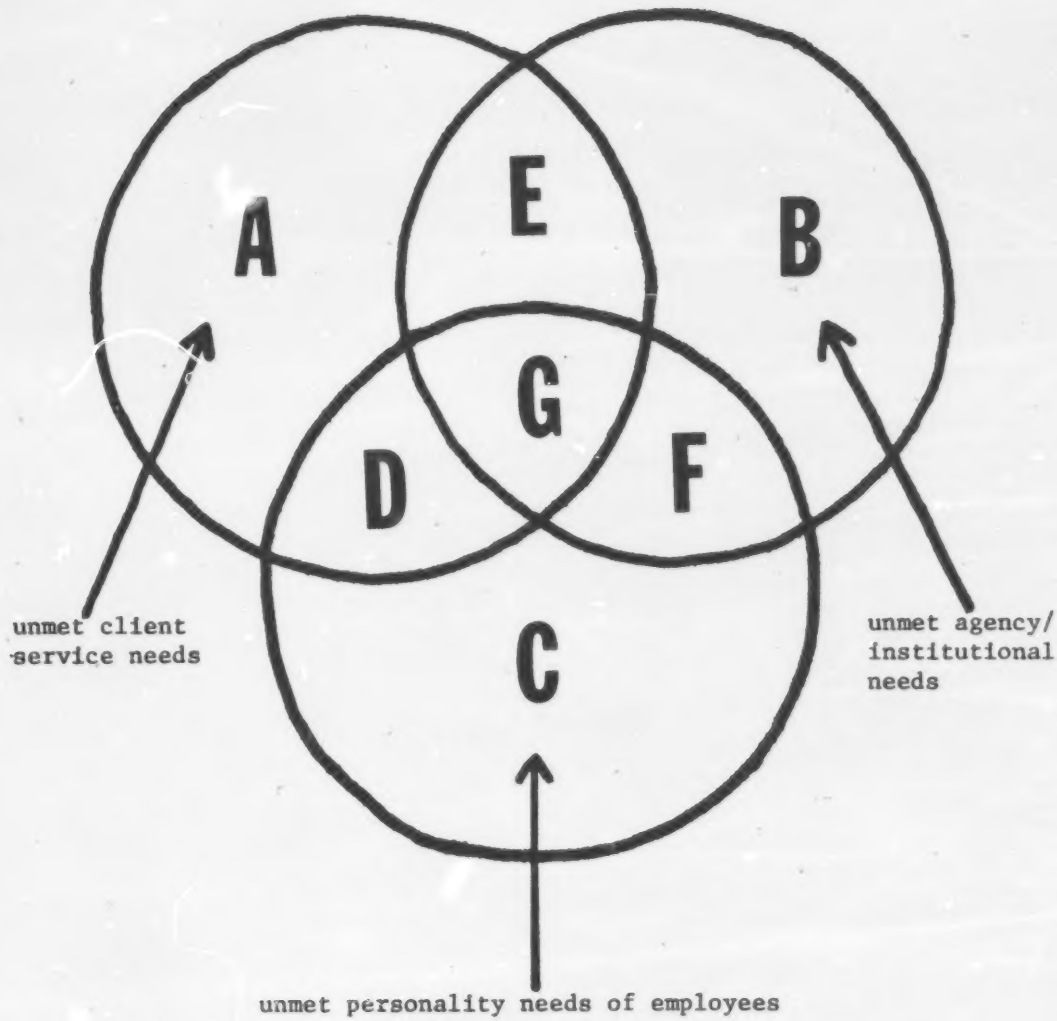
quasi-interdependent relationship of the three data sources and suggests a strategy for indexing the data so that needs can be given priority.

The paradigm states that data may indicate certain staff training needs which are exclusive of other interests; other data may indicate needs common to two interests; and still other data may indicate needs that are common to all three interests.

This offers the possibility of seven strategic target areas, which can be ranked ordered, for continuing education. For example, the data which fall into area "C" indicate a training need which will address only the needs of staff. The data which fall into area "A" indicate a training need which will address only the unmet needs of clients, and so on. An item in area "G" would be a first priority training activity since it addresses the needs of all three interest groups.

As an example, assume the case of an institution with an unusually high mortality rate among a particular client group. The question becomes, "What interest group is affected by these data and where is that information placed in Figure 2?" The clients? Yes, of course; they are the ones who are dying. The staff? Yes, of course; they are subject to professional liability. The institution? Yes, of course; it is subject to public and/or legislative censure. "Where are the data placed?" Data are placed in area "G", because the needed training will ameliorate an unmet need of each of the three interest groups: life for the clients, protection for the staff and public esteem for the institution.

FIGURE 2

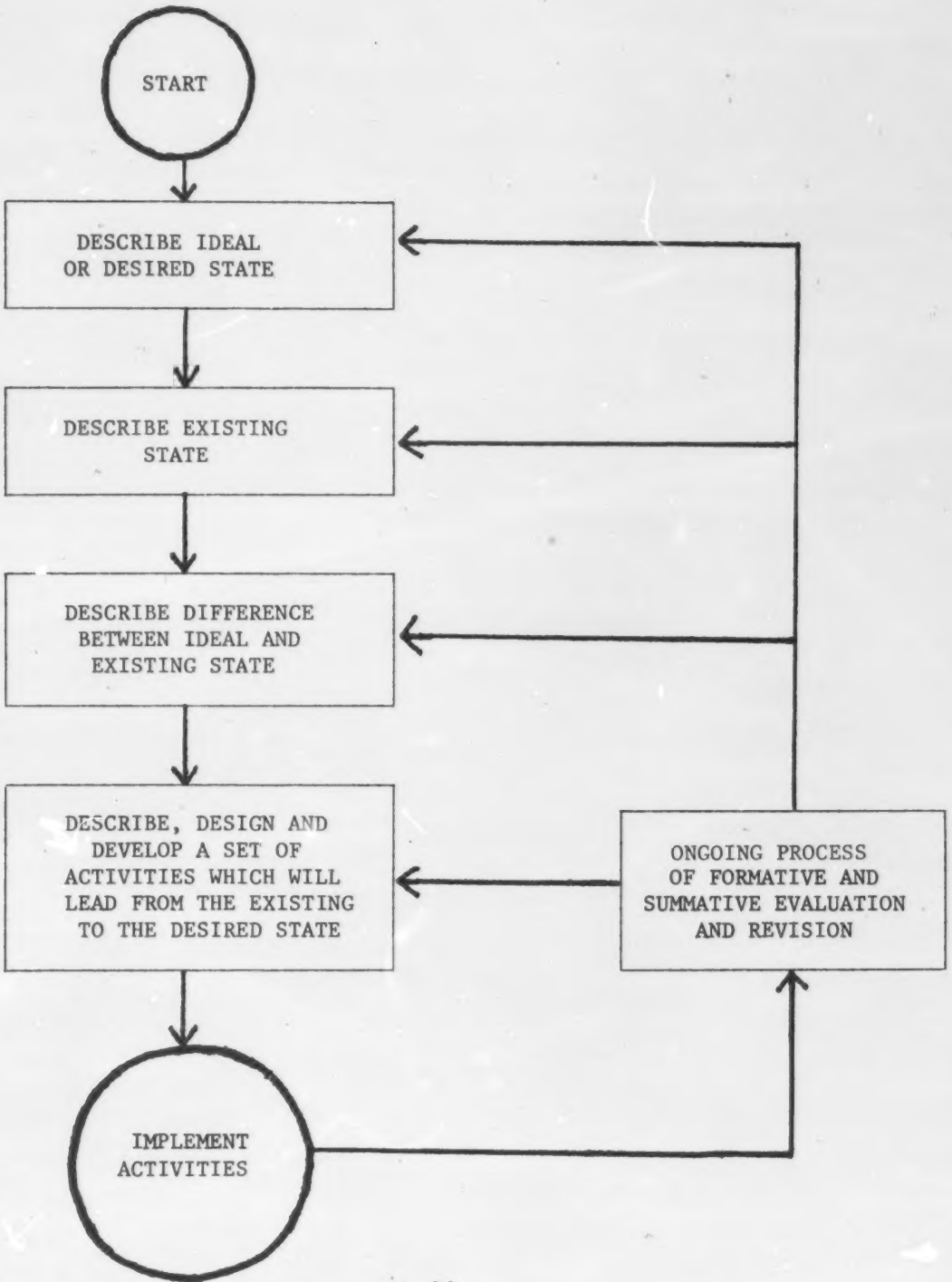

A
E
B
G
D
F
C
unmet client service needs
unmet agency/ institutional needs
unmet personality needs of employees

The needs assessment process depicted in Figure 3 offers a formalized mechanism to answer systematically the three needs assessment questions in a wide range of settings. The description of the desired state should consist of a set of measurable and achievable objectives, such as meeting national, state or local standards, meeting professional standards of various disciplines, meeting certification criteria, and attaining a level of achievement that is set by the agency itself. This is basically a leadership function with appropriate input from various units, including the continuing educator. The description of the existing state is a middle level management function because this level of staff has the most immediate access to the detailed data required to generate a set of statements descriptive of the current conditions.

Completing these first two steps answers the first question--Is there an unmet need for any of the three interest groups? The difference between the existing and desired states calls for inputs from many diverse persons relevant to how and why the unmet need exists and what might be done to resolve it. Completing the third step provides the answer to the second question--Can unmet need be resolved by continuing education activity?

The process of the fourth step is a matter of describing, designing, and developing a set of activities, events, and resources which will, when properly implemented, lead from the existing to the desired state. This will answer the third question--What must be done to resolve the unmet need? The process yields a set of staff training needs which may be "special" or "common" needs as illustrated in Figure 3.

FIGURE 3


START
DESCRIBE IDEAL OR DESIRED STATE
DESCRIBE EXISTING STATE
DESCRIBE DIFFERENCE BETWEEN IDEAL AND EXISTING STATE
DESCRIBE, DESIGN AND DEVELOP A SET OF ACTIVITIES WHICH WILL LEAD FROM THE EXISTING TO THE DESIRED STATE
ONGOING PROCESS OF FORMATIVE AND SUMMATIVE EVALUATION AND REVISION
IMPLEMENT ACTIVITIES

The complete needs assessment process generates a set of prescriptive statements related to what must be done to resolve the unmet need, rather than a descriptive statement about what is wrong. Function four is primarily a design function and requires the input of staff members who are skilled in design, development, planning and evaluation procedures, i.e., instructional designers and program planners.

A comprehensive staff training needs assessment is a critical element in the continuing educator's long-range planning strategy. Without it, educational activity is prone to become no more than a series of random efforts which fail to flow into an integrated pattern of events, and which may or may not address the needs of any of the interest groups.

STRATEGIES FOR CONDUCTING EVALUATION

Earlier in this report evaluation in mental health continuing education was defined as an analytic, comprehensive, objective, and adaptable process used to determine the extent to which a particular learning experience or set of experiences has produced a desired result. Several methodological implications are embodied in this definition. To be "analytic" an evaluation must determine not only the success or failure of a program but also must probe and explore possible explanations for the outcome. To be "comprehensive," an evaluation should assess program effects in a variety of areas including, but not limited to, intended and unintended impacts upon services to clients or patients.

To be "objective" an evaluation must rely upon multiple sources of data encompassing multiple points of view. And finally, an "adaptable" evaluation is one which is designed to meet evaluation needs of a specific problem or setting, not one which is put together strictly from an academic model. In short, good program evaluation in mental health continuing education should be designed so that it serves specific program decisions. The extent to which evaluation is able to do that is the extent to which it pays for itself in terms of more effective and efficient continuing education programs.

Given these premises, it follows that the most important step in evaluating continuing education programs is determining appropriate evaluating criteria: What needs to be known about this program, and who needs to know it? Revelant audiences for the evaluation should be identified, i.e., those persons or groups who have some interest in or policy impact on the continuing education program. Most often, relevant audiences will include faculty, organizational or institutional administrators, external funders or certifiers of professional skills, and actual or potential program participants and their supervisors. Although all have an interest in continuing education programs, the specific evaluation criteria likely to be important to each group will vary. For example, faculty are apt to be most interested in data which will lead to instructional improvement, while external audiences are more likely to focus upon particular skills learned by program participants. Since continuing education practitioners are in some way accountable to each of these groups, they are well advised to check periodically on their expectations. Examples of useful criteria-generating questions are, "What sorts of evidence would convince you that this program (or series of programs) is effective?" Or, "If this program were successful, what would it be doing? What sorts of effects would it have?"

Any criteria-generating process is likely to result in rather lengthy lists of important criteria. However, the criteria are likely to fall into certain clear and distinct levels or categories. Three major criteria levels are: planning, process, and outcome. Representative criterion questions are listed for each level.

LEVEL I - PLANNING CRITERIA FOR A CONTINUING EDUCATION PROGRAM

Is the plan an integral part of a larger plan?

Does this plan conform to local, state and/or national standards?

Have data from previous continuing education programs been used in planning this program?

Were appropriate outcomes identified?

Is there a clear congruence between the stated objectives and the identified need?

Are the objectives attainable within reasonable time constraints?

Have the pertinent leaders accepted the plans?

Has the consumer accepted the plan?

Are resources available to meet the stated objectives?

Has a formal evaluation mechanism been built in?

Planning criteria generally relate to the congruence between identified needs and program objectives, as well as overall program feasibility, given available resources and potential participants.

LEVEL II - PROCESS CRITERIA FOR A CONTINUING EDUCATION PROGRAM

Did the expected number and type of providers and consumers participate?

Were methods used appropriate to the content?

Was the learning environment appropriate to the objectives? (Instructors and Participants)

Did the program proceed as planned? If not, why?

What critical incidents occurred to facilitate or inhibit the process?

How did the participants view (feel about) the learning experience?

Were the learning objectives met?

Were the expectations of the learners met?

Can the participants put into practice what they learned?

Process criteria generally reflect the success of a particular continuing education event, from both the consumers' and practitioners' point of view.

LEVEL III - OUTCOME CRITERIA FOR A CONTINUING EDUCATION PROGRAM

Did the participants put into practice what they learned?

Did the program accomplish what it was expected to accomplish? If so, what factors made it successful? If not, why not?

What were the unanticipated outcomes?

What were the long-range developmental (catalytic) outcomes?

Did the program have an impact on the identified needs?

a. Short term
b. Long term

Given the above, was the program worth the time and money?

As may be seen from these sample questions, program outcomes may be of several kinds: Direct effects (question 1) are anticipated, short-term results; side effects (question 2) are often unexpected (e.g., personal or professional contacts made, incidental learning); catalytic effects (question 3) are precursors to more long-term outcomes (e.g., new training needs identified, practitioner credibility established for other programs). Together, all three types of effects define a program's overall impact. Often evaluation studies have focused upon direct effects--accomplishment of prespecified objectives--

to the exclusion of other effects which are often more important. A single program may not have impact upon identified client needs, but if it sets other events in motion, it may serve a very important catalytic role.

A number of different sources may be called upon to provide data relevant to criteria at all three levels.

Program participants consitute a primary and commonly used resource for evaluation data. Consumers of continuing education tend to have specific and realistic ideas of what they wish to learn and are, therefore, usually good judges of program value. Further, decisions about program revision and support tend to be based largely upon opinion and reputation, and program consumers are the major source of such opinion. A number of studies have shown, however, that consumer satisfaction often bears little relationship either to the amount of learning or the extent to which learned skills are applied "back home." Therefore, while satisfaction may be a necessary condition for program success, it is usually not sufficient.

Program files are another important source of data. Prior evaluations of similar programs, attendance patterns, participant characteristics, and reasons for attendance may all provide helpful clues for the planning of future programs, as well as illuminating the probable "market" for the entire continuing education effort itself.

Data obtained from the participant's professional setting are helpful both in documenting need and in isolating long-term program effects. Patient care audits, peer review, supervisor ratings, structured observation, and interviews

all represent useful data collection sources. The major drawback to such methods is that they tend to be both expensive and time-consuming if they have to be set up especially for the evaluation effort. For continuing ecucation practitioners faced with a large number of programs, such systematic follow-up may be unrealistic as a routine actitivty. In these cases, a sampling process of both participants and programs may be employed.

Finally, there are regulatory sources of evaluation data. As discussed in the earlier sections on needs assessment, regulatory bodies help determine the perceived needs for continuing education. Accordingly, by routinely monitoring such things as licensure and certification requirements and program requests by official agencies, continuing education practitioners are able to assess the extent to which perceived needs have been met - and new ones generated.

In the Figure 4 the three criterion levels have been crossed with the four major sources of data. The letter codes in each cell represent appropriate data collection techniques. Others, of course, may be added.

FIGURE 4

CRITERION LEVEL	SOURCE			
	PARTICIPANTS	FILES	PROF. SETTING	POLITICAL
PLANNING	PQ (rating of objectives	ED PC SR	PR SuR NAQ	LE CE PS RE
PROCESS	PQ	IL CI PC		
OUTCOMES	PQ KT PT PP	FC	PR SuR CS	RE

PQ= Participant Questionnaire
KT= Knowledge Test
PT= Performance Test
PP= Participant Product
ED= Prior Evaluation Data
PC= Participant Characteristics
SR= Source of Referral
IL= Implementation Log
CI= Critical Incident Analysis
FC= Follow-up Communication, solicited or unsolicited

PR= Peer review, audits
SuR= Supervisor Rating
NAQ= Needs Assessment Questionnaire
CS= Case Study
LE= Legislation
CE= Certification Requirements
PS= Professional Standards
RE= Requests by Official Agencies

RECOMMENDATIONS

Strategies for needs assessment and evaluation of continuing education must take into consideration the available personnel, support and funding, and organizational commitment.

At the outset there should be some kind of evaluation plan, no matter what the size or nature of the agency or institution. The plan should be based on defined needs, specific objectives, and methods which are practical and understood in advance. One of the problems in evaluating mental health programs today is that hospitals and mental health centers have been established without clearly determined needs. The present emphasis on "deinstitutionalization" and community support systems requires a new assessment of continuing education needs to fulfill the changing mandate of the courts and the larger society. There is a mandate for different approaches to meeting the requirements of the mentally impaired, but how does this translate into new kinds of services? Continuing educators should participate in the planning for the service programs and use this knowledge to plan the evaluation for the continuing education program.

Much programming is based on what groups or individuals historically felt was needed and what would work. As a result, one becomes involved in assessing established systems which require an updated determination of present needs. A mental health agency or institution should plan an evaluation for any program

which is being modified or initiated so that the evaluation plan is designed before the fact. The same is true of continuing education programs.

At the state level, Departments of Mental Health and Retardation usually have at least one experienced evaluator working at an office of Research and Statistics or an office of Planning and Evaluation. Such an evaluator may be a helpful consultant in assisting continuing educators to evaluate continuing education programs.

Another option is to use consultants from other state or local agencies, universities or private groups. On occasion an external evaluator serves a useful purpose, but regular needs assessment and evaluation should be an internal process with continuity, follow-up, and feedback.

A significant factor in needs assessment and evaluation is that of attitude. Many persons plead that human service work cannot be evaluated, that there is not a specific product which can be measured. However, it has been established that most elements of a mental health continuing education program can be evaluated, and that there are many facets to the evaluation process. All must begin with the willingness of the agency, the faculty and the participants to have the effectiveness of the various programs assessed.

Needs assessment or evaluation does not always have to be elaborate or complex. If a total operation cannot be analyzed at one time, a manageable portion of samples of programs can be individually assessed or evaluated. The stage of development of an agency, personnel available, and funding determine the depth and breadth of the needs assessment and evaluation. Most accrediting

or funding sources have several levels of acceptable compliance, and goals can be set for achieving higher levels as time goes on. Whatever mechanisms are employed, advice can be secured from experts who can judge appropriate methods for a given situation.

While needs assessment and evaluation begin with providing services to clients, this is also the framework for continuing education. One of the tools for bringing about program change is continuing education, which must itself be evaluated.

The complexity of a needs assessment or evaluation is determined by the goals or objectives of the particular project or unit. A relatively simple needs assessment and evaluation, for example, might be employed in a continuing education experience for a limited group of small town police. In this case, the objective might be to learn procedures for referring intoxicated persons to Alcoholics Anonymous. Needs could be determined by asking the police if this was a problem for them, how often they encountered it and what they usually did. After the training course they could be asked if they learned what they expected, how they would handle such cases after the training, and if they thought the experience was useful. They could also be asked to provide followup and feedback on experiences subsequent to the training.

If the request was for a continuing education program of one-hour weekly sessions for one year, combined with consultation regarding actual cases, for a large group of police in a big city, more elaborate needs assessment and evaluation would be required. Data would be collected showing the incidence of certain kinds of case problems in the area, the education background

of trainees, and referral statistics of local agencies; training methods would be defined with more complex evaluation procedures, such as examinations, follow-up interviews and/or surveys. Depending upon the goals of the program, there might even be a comparison study with a similar group of police who had not had the training to establish the effectiveness of the continuing education program.

At the other extreme of the specturm, one might have the responsibility of determining the need for and evaluating a Consultation and Education program of a large Mental Health Center. In this case one would use a number of different methods and instruments, some of which have been standardized.

At this time the "State of the Art" in Needs Assessment and Evaluation of Continuing Education is that the need for accounting for and judging what practitioners are doing with clients and systems is recognized; the technology for doing this is emerging; and there is a need to continue to search for answers which will validate whether practice in mental health continuing education is effective in bringing about positive change for the clients of the system.

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